International Diabetes Federation

ISN INTERNATIONAL SOCIETY OF NEPHROLOGY

WORLD DIABETES FOUNDATION

Gestational Diabetes and beyond: Strengthening Primary Care for Integrated Reno-Metabolic Health Across the Life Course

Official side event to the 79th World Health Assembly

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With the support of Guatemala, Kenya and Tanzania

GOBIERNO DE LA REPÚBLICA GUATEMALA

Ministry of Health

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Introduction

Background

Gestational diabetes mellitus (GDM) affects an estimated one in six live births globally and is increasingly recognised as an important entry point for the prevention and management of noncommunicable diseases (NCDs) across the life course.

Women who experience GDM face a significantly higher risk of developing type 2 diabetes, cardiovascular disease and chronic kidney disease later in life, while their children are also at increased risk of obesity and metabolic disorders. As the global impact of diabetes and kidney disease continues to rise, pregnancy offers a critical opportunity for early detection, prevention and intervention.

Despite growing evidence linking maternal health with long-term cardiorenometabolic outcomes, healthcare services often remain fragmented, with maternal health, diabetes, kidney disease and cardiovascular care delivered through separate programmes. This can result in missed opportunities for follow-up and risk reduction interventions after pregnancy.

Held on the margins of the 79th World Health Assembly, this side event explored how GDM can serve as a gateway to integrated cardiorenometabolic health across the life course, highlighting the role of primary healthcare in strengthening prevention, continuity of care and early detection of diabetes, chronic kidney disease and other related conditions.

Watch the event recording

The event was moderated by Dr Jackie Maalouf, Vice President of the International Diabetes Federation. Speakers included:

- H.E. Andrés Molina, Deputy Permanent Representative of Guatemala to the United Nations in Geneva.
- Ms Anita Sabidi, Blue Circle Voice from the International Diabetes Federation.
- Dr Bianca Hemmingsen, Medical Officer, Department of Noncommunicable Diseases and Mental Health, World Health Organization
- Dr Doris Chou, Medical Officer, Department of Sexual, Reproductive, Maternal, Child, Adolescent and Ageing Health and HRP, World Health Organization.
- Ms Fiona Loud, Policy Director, Kidney Care UK, and member of the ISN Patient Liaison Advisory Group.
- Ms Julia Bunting, Director, Programme Division, United Nations Population Fund.
- Prof Marcello Tonelli, President, International Society of Nephrology.
- Dr Marie-Louise Hartoft-Nielsen, Vice President for Clinical Medicine and Diabetes, Novo Nordisk Foundation.
- Ms Sanne Frost Helt, Director for Policy, Programme and Partnerships, World Diabetes Foundation.
- Dr Omary Ubuguyu, Director of Noncommunicable Diseases, Ministry of Health, United Republic of Tanzania.

Throughout the event, speakers highlighted the importance of recognising gestational diabetes as more than a pregnancy-related condition. Rather, it represents an important warning sign for future diabetes, chronic kidney disease and cardiovascular disease, and an opportunity to strengthen integrated, person-centred primary healthcare across the life course.

Overview

The side event was co-hosted by the International Diabetes Federation (IDF), the International Society of Nephrology (ISN) and the World Diabetes Foundation (WDF), with the support of the Governments of Guatemala, Kenya and Tanzania, the United Nations Population Fund (UNFPA) and the Novo Nordisk Foundation.

Opening remarks

Advancing integrated cardiorenometabolic health across the life course

Dr Jackie Maalouf

Opening the event, Dr Jackie Maalouf, Vice President of the International Diabetes Federation, welcomed participants and highlighted the importance of strengthening primary healthcare systems capable of addressing the growing impact of diabetes, chronic kidney disease and cardiovascular disease through integrated approaches. She noted that GDM provides a unique opportunity to identify individuals at increased cardiorenometabolic risk and establish continuity of care that extends well beyond pregnancy.

Dr Maalouf stressed that improving outcomes requires stronger collaboration across maternal health, diabetes, kidney disease and primary healthcare communities. She also underscored the importance of translating recent global commitments into practical action that supports women and families throughout the life course.

GDM as a gateway to integrated cardiorenometabolic health

H.E. Andrés Molina

H.E. Andrés Molina, Deputy Permanent Representative of Guatemala to the United Nations in Geneva, highlighted GDM as an important entry point for preventing and managing type 2 diabetes, chronic kidney disease and cardiovascular disease. He emphasised that these conditions share common risk factors and should be addressed through integrated approaches rather than separate programmes.

Mr Molina also highlighted Guatemala's efforts to strengthen primary healthcare and advance the World Health Assembly Resolution on Kidney Health. He stressed the importance of linking maternal health services with long-term prevention and management of cardiorenometabolic conditions and called for stronger partnerships to support implementation at country level.

GDM as a window of opportunity for prevention

Ms Sanne Frost Helt

Ms Sanne Frost Helt, Director for Policy, Programme and Partnerships at the World Diabetes Foundation, stressed that GDM represents an important opportunity to improve health outcomes across generations. Women diagnosed with GDM face elevated risks of developing type 2 diabetes, cardiovascular disease and chronic kidney disease later in life, while their children are more likely to develop obesity and type 2 diabetes.

Referring to the commitments included in the 2025 Political Declaration on NCDs, Ms Frost Helt highlighted the need to move beyond fragmented approaches to care and strengthen integrated primary healthcare systems that connect maternal health services with diabetes, kidney disease and cardiovascular disease prevention. She emphasised that greater efforts are needed to ensure continuity of care beyond pregnancy and translate policy commitments into meaningful health outcomes.

From Global Guidance to Local Action

PANEL 1

Putting lived experience at the centre of integrated care

Ms Anita Sabidi

Opening the first panel, Ms Anita Sabidi, Blue Circle Voice from the International Diabetes Federation, shared her personal experience of living with type 1 diabetes through pregnancy. She described the emotional, psychological and practical challenges associated with managing diabetes while navigating pregnancy, and highlighted the importance of access to quality care, diabetes technologies and supportive healthcare professionals.

Ms Sabidi emphasised that women living with diabetes need more than clinical treatment. They require access to information, psychological support and healthcare services that recognise their individual circumstances and priorities. She also stressed the value of peer support and meaningful involvement of people with lived experience in policy development, programme design and research.

Strengthening maternal health services through integration

Ms Julia Bunting

Ms Julia Bunting, Director of Programme Division at UNFPA, highlighted the importance of integrating GDM screening and management into existing maternal health services rather than creating separate vertical programmes. She argued that pregnancy offers a unique opportunity to identify women at increased risk of developing type 2 diabetes and connect them to long-term care.

Drawing on findings from a recent UNFPA landscape assessment, Ms Bunting highlighted significant gaps in policy implementation, access to diagnostics and treatment, and postpartum follow-up. She stressed the need to strengthen primary healthcare systems, improve access to essential commodities and ensure continuity of care beyond pregnancy.

From Global Guidance to Local Action

PANEL 1

Addressing gestational diabetes through a life-course approach

Dr Doris Chou

Dr Doris Chou, Medical Officer at WHO, highlighted the growing recognition of chronic conditions as contributors to maternal morbidity and mortality. She noted that GDM should no longer be viewed solely as a pregnancy complication but rather as part of a broader continuum of health that extends throughout a woman's life.

Dr Chou emphasised the importance of continuity of care and stronger links between maternal health and NCD programmes. She argued that pregnancy often represents a woman's first significant interaction with the health system and therefore provides a valuable opportunity to establish long-term preventive care pathways for diabetes, kidney disease and cardiovascular disease.

Tanzania's experience integrating NCDs into maternal health services

Dr Omary Ubuguyu

Dr Omary Ubuguyu, Director of Noncommunicable Diseases at the Ministry of Health of Tanzania, shared his country's experience in strengthening maternal health services, highlighting progress in reducing maternal mortality and advancing the integration of GDM screening into routine primary healthcare. He emphasised the importance of embedding GDM screening within maternal care and strengthening post pregnancy follow up systems. Drawing on "last mile" implementation, he noted that while around 90% of children return for postnatal visits, Tanzania has recognised this as an important opportunity to expand care for mothers as well, building on existing platforms.

He also highlighted growing awareness of the links between GDM and future health outcomes, including type 2 diabetes, chronic kidney disease and cardiovascular disease. Dr Ubuguyu noted that healthcare providers are increasingly encountering patients presenting with advanced kidney disease associated with diabetes and other metabolic conditions, reinforcing the need for earlier detection and intervention.

Building the evidence base for prevention and implementation

Dr Marie-Louise Hartoft-Nielsen

Dr Marie-Louise Hartoft-Nielsen, Vice President for Clinical Medicine and Diabetes at the Novo Nordisk Foundation, discussed the growing body of evidence linking GDM with future cardiorenometabolic disease.

She highlighted the need for further research to improve risk prediction, strengthen early diagnosis and better understand the mechanisms connecting pregnancy-related hyperglycaemia with future diabetes, kidney disease and cardiovascular complications. She also stressed the importance of implementation research and ensuring that scientific evidence is translated into practical interventions that can improve outcomes in diverse healthcare settings.

Sustaining Integrated Care Across the Life Course

PANEL 2

The patient perspective: overcoming fragmented care

Ms Fiona Loud

Ms Fiona Loud, Policy Director at Kidney Care UK and member of the ISN Patient Liaison Advisory Group, shared a powerful reflection on her personal experience of living with kidney disease and navigating fragmented healthcare systems.

She described years of missed opportunities for diagnosis and intervention despite repeated interactions with healthcare providers. Her experience illustrated the consequences of treating conditions in isolation rather than recognising the interconnected nature of kidney disease, diabetes and cardiovascular disease.

Ms Loud stressed the importance of person-centred care, continuity of services and better communication between healthcare providers. She called for healthcare systems that focus on the whole person rather than individual conditions and that support prevention and early intervention throughout the life course.

Global targets and opportunities for integrated care

Dr Bianca Hemmingsen

Dr Bianca Hemmingsen, Medical Officer at WHO, highlighted the role of the Global Diabetes Compact targets in strengthening integrated primary healthcare systems. She explained that achieving these targets requires improvements in diagnosis, treatment, access to medicines and long-term follow-up.

Dr Hemmingsen emphasised that diabetes cannot be addressed in isolation from other chronic conditions. She highlighted the close links between diabetes, kidney disease and cardiovascular disease, and stressed the need for integrated approaches that support prevention, early detection and long-term management across the cardiorenometabolic spectrum.

Sustaining Integrated Care Across the Life Course

PANEL 2

Kidney health across the life course

Prof Marcello Tonelli

Prof Marcello Tonelli, President of the International Society of Nephrology, highlighted chronic kidney disease as one of the most common yet under-recognised health challenges globally. He noted that kidney disease affects more than 850 million people worldwide and often remains undetected until its later stages because it is largely asymptomatic.

Prof Tonelli stressed that many cases of kidney disease are preventable and treatable if identified early. He highlighted pregnancy and GDM as important opportunities to identify individuals at increased risk and initiate preventive interventions before complications develop.

He also emphasised the strong connections between kidney disease, diabetes and cardiovascular disease and called for greater integration of kidney health into primary healthcare systems. Strengthening early detection, improving access to drugs and diagnostics, and ensuring continuity of care were identified as critical priorities for reducing the global burden of kidney disease.

Gestational diabetes as an opportunity for lifelong prevention

Dr Jackie Maalouf

Throughout the discussion, moderator Dr Jackie Maalouf highlighted the importance of recognising GDM as a critical warning sign for future cardiorenometabolic disease.

Drawing on data from the IDF Diabetes Atlas, she noted the growing burden of hyperglycaemia in pregnancy and stressed that women diagnosed with GDM require ongoing support beyond childbirth. Dr Maalouf emphasised the importance of postpartum screening, healthy nutrition, physical activity and continued monitoring to reduce future risks of type 2 diabetes and chronic kidney disease, among other complications.

She also underscored the need to connect maternal health services with broader primary healthcare systems and ensure continuity of care throughout the life course.

Conclusion

The event reinforced the importance of GDM as a critical entry point for integrated cardiorenometabolic health across the life course. Speakers highlighted that women diagnosed with GDM face increased risks of developing type 2 diabetes, chronic kidney disease and cardiovascular disease, and that pregnancy offers a valuable opportunity for risk reduction and early detection interventions.

Across all sessions, participants emphasised the need to move beyond fragmented models of care and strengthen integrated primary healthcare systems capable of addressing maternal health, diabetes, kidney disease and cardiovascular risk in a coordinated manner. The discussions also highlighted the growing global momentum around kidney health and the opportunity to align maternal health, diabetes and kidney disease agendas more closely.

The event concluded with a strong call for sustained collaboration, stronger continuity of care after pregnancy and greater investment in integrated approaches that support prevention and improve health outcomes across generations.


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